

## REQUEST TO PURCHASE ADDITIONAL SERVICE CREDIT

### Instructions for Completing this Form Please Read Carefully

**IMPORTANT:**

1. Remove the form. Do not return these instructions to PERF.
2. Please type or print. Use black ink.
3. Complete all information.
4. Return the completed form directly to PERF.

#### PRIVACY NOTICE

All Social Security Numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

### General Information

Indiana Code 5-10.2-3-1.2 permits an active member to purchase one (1) year of additional service credit with the Public Employees' Retirement Fund (PERF) for each five (5) years of PERF or Teachers' Retirement Fund (TRF) covered employment.

To be eligible to purchase this credit you must:

1. Be currently employed in a PERF covered position.
2. Have at least ten (10) years of PERF or TRF covered employment.

This service may not be used in claiming a retirement benefit until payment in full has been made and you have accumulated ten (10) years of service not including any purchased service.

### Procedures for Purchase of Service

If you meet these criteria, please complete Part 1 of this form. Have your current employer complete Part 2. When both parts are complete, please return the form to PERF at the address on the last page of these instructions. We will calculate the cost of the service and return a purchase agreement to you. If you wish to purchase the service, you must complete the agreement and return it to the address on the agreement together with your payment.

Payment may be made in the form of a trustee-to-trustee transfer, rollover, or lump sum, or in installments for a period not to exceed five (5) years. Any installment shall bear interest at the actuarial rate effective on the date of the first installment. Any payments are subject to applicable Internal Revenue Code limits and PERF may adjust any payments in a manner necessary to comply with those limits. In addition, PERF may deny an application for the purchase of service credit if the purchase would exceed the limitations under Section 415 of the Internal Revenue Service Code.

### Refunds

If you purchase service and elect to withdraw from PERF prior to becoming eligible to receive a monthly benefit, the amount you have paid plus accumulated interest will be refunded to you.

## PART 1: Applicant Information and Authorization to Release Information

1. **Applicant's Name:** Enter your first name, middle initial, and last name.
2. **Applicant's Social Security Number:** Enter all nine digits of your Social Security Number. Your application will not be processed without this information.
3. **Applicant's Date of Birth:** Enter your date of birth as MM/DD/YYYY.
4. **Applicant's Mailing Address:** Enter your full street address, including apartment number or P.O. Box number.  
**City:** Enter the city.  
**State:** Enter the state.  
**ZIP Code:** Enter your five or nine-digit ZIP code.
5. **Applicant's Phone Number:** Enter your telephone numbers, beginning with area code. Please provide separate day and evening phone numbers.
6. **E-mail address:** Enter your E-mail address, if you have one.
7. **Number of Years You Wish to Purchase:** Enter the number of years of service you wish to purchase, up to the maximum number of eligible years. You may use the following table to determine the maximum number of years you are eligible to purchase.

If Your Years of Service are:		You are Eligible
At Least	Less Than	to Purchase
10	15	2
15	20	3
20	25	4
25	30	5
30	35	6
35	40	7
40	45	8
45	50	9

For additional years of service, please contact PERF. Be sure to sign and date this section of the form.

## PART 2: Current Employer Information

After you have completed Part 1, ask your employer to fill in the appropriate employer's information.

### Note to Employers:

When completing this section, please enter the member's base annual salary. Do not include any additional compensation such as travel or housing allowances, overtime, lump sum bonuses, or incentives such as fees or commissions

## **RETURN THE FORM TO PERF**

Once the form has been completed according to these instructions, return to the Public Employees' Retirement Fund at the following address:

**Public Employees' Retirement Fund  
143 West Market Street  
Indianapolis, IN 46204**

### **MEMBER NOTE: CHANGES TO INFORMATION –**

IF YOU HAVE ANY CHANGES TO ANY OF THE INFORMATION ON THIS FORM SUCH AS NAME OR ADDRESS, PLEASE IMMEDIATELY NOTIFY PERF AT THE ADDRESS ABOVE.

## **HELPFUL INFORMATION:**

### **PERF**

#### **TELEPHONE NUMBERS:**

Indianapolis & vicinity (317) 233-4162  
Toll-Free Number 1-(888) 526-1687  
TDD (hearing impaired number) (317) 233-4160  
FAX Number (317) 232-1614  
PERF on the Internet: [www.state.in.us/perf](http://www.state.in.us/perf)  
PERF MEMBER HANDBOOK (latest edition)

### **INTERNAL REVENUE SERVICE**

#### **TELEPHONE NUMBERS:**

Toll-Free Number 1-(829) 829-1040  
TDD (hearing impaired number) 1-(800)-829-4059  
Tele Tax 1-(800)-829-4477  
IRS PUBLICATION 575, PENSION AND ANNUITY INFORMATION  
IRS PUBLICATION 590, INDIVIDUAL RETIREMENT ARRANGEMENTS  
IRS WEBSITE: [www.irs.gov](http://www.irs.gov)

### **INDIANA STATE DEPARTMENT OF REVENUE (DOR)**

#### **TELEPHONE NUMBERS:**

Indianapolis & vicinity (317) 233-4018  
TDD (hearing impaired number) (317) 233-4952  
Fax Number (317) 233-2329  
Individual Income Tax Questions (317) 232-2240  
Outside of Indianapolis – See DOR Website  
DOR WEBSITE: [www.in.gov/dor](http://www.in.gov/dor)

# Request to Purchase Additional Service Credit

## Public Employees' Retirement Fund

State Form 50941 (04-23-2002)

### PRIVACY NOTICE

All Social Security Numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

#### INSTRUCTIONS:

1. Please TYPE or PRINT. Use black ink.
2. Complete all information.
3. Return the completed form directly to PERF. Do not return the instruction pages.

### Part 1: Applicant Information and Authorization to Release Information

I authorize the release of any and all information as requested by the Fund pertaining to my application to purchase additional service credit with the Fund.

First Name	MI	Last Name
Social Security Number		Date of Birth (MM/DD/YYYY)
Address		
City	State	ZIP
Home Phone	Other Phone	
E-mail Address		
Number of Years I Wish to Purchase (Please refer to the table in the Instructions for the maximum amount)		
Signature	Date	

### Part 2: Current Employer Information

This certifies that the above named individual is employed by us in a PERF covered position.	Title of Position
Hire Date	Annual Salary
Signature of Authorized Agent	Date
Printed Name of Authorized Agent	Phone Number
Employer Name	Employer Account Number

**Note: Base Annual Salary should be given exclusive of overtime, lump-sum bonuses, travel allowances, etc.**